PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 MAY 1 9 2006 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: This for should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate the further of spondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless to below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) RIORILY MAIL 02/16/2006 7590 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the dargindicated below. Attn: John Y. Chan APPLIED ELASTOMERICS, INC. 163 WEST HARRIS AVENUE SOUTH SAN FRANCISCO, CA 94080 CH (Depositor's name (Signature 6 (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 58 John Y. Chen 5469 10/613.567 07/02/2003 TITLE OF INVENTION: GELS FOR FORCE GAUGING **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY \$1000 05/16/2006 nonprovisional YES \$700 \$300 ART UNIT CLASS-SUBCLASS/22/2006 TBESHAH2 00000076 10613567 **EXAMINER** 441-102000 01 FC:2501 1651 LILLING, HERBERT J 709.00 OP 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent from page 15504 300.00 OP (1) the names of up to 3 registered parent anomeys or agents OR, alternatively, 30.00 OP ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Applied Elastomerics, Inc.	SOUTH SAN FRANCISCO, CA	94080
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☐ Individual 爲 Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent):

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